



THE TOPEKA HOUSING AUTHORITY
2010 S.E. CALIFORNIA AVENUE
TOPEKA, KANSAS 66607
Phone (785) 357-8842 FAX (785) 357-2648

PUBLIC HOUSING APPLICATION PROCEDURES

1. Fill out the attached application and "Release" forms. Please print clearly.
2. Additional adults must fill out additional forms.
3. All adults must also submit a copy of a Picture ID, social security card, and proof of income.
4. Bring, mail, or fax completed application with picture ID and social security card to the Topeka Housing Authority. Applications are accepted any time during normal business hours.
5. You will be notified if your application has been approved. If approved, you will be required to sign additional paperwork at the time you move in. You will also need to supply additional documents at that time, including social security cards for all family members and birth certificates for children.
6. Pursuant to 24 CFR 960.206, THA has adopted a preference for working families. An applicant will also be given the benefit of the working family preference if the head of household or spouse is elderly (62 or older) or is a person with disabilities. Applicants are placed on waiting lists according to any claimed preference first, following by date and time of application.

If your family situation changes, your ability to qualify for a preference may also change. You should notify the Housing Authority in writing if you wish to claim a preference or no longer qualify for a preference.

7. Pursuant to Section 504 [24 CFR 8.4(b)(i), 8.24 and 8.33] and Fair Housing Act [24 CFR 100.204] Qualified individuals/families with disabilities may request Reasonable Accommodations to any rules, policies, practices or services when such accommodation is necessary to assure equal opportunity to the housing program(s) or dwellings.
8. You must answer **all** questions on the application or your application may be denied.

THA must have an accurate address for you. You must notify THA in writing within 10 business days every time you change your address. Your name may be removed from all waiting list if the address on file for you is incorrect.



Topeka Housing Authority
APPLICATION FOR PUBLIC HOUSING

APPLICANT NAME: _____ PHONE: _____
Home/Message

OTHER NAMES USED: _____ PHONE: _____
Additional number

CURRENT ADDRESS: _____
Street City State Zip

MAILING ADDRESS: _____
(If Different from above) Street City State Zip

I. FAMILY MEMBERS

	Name(s)	Relationship	Date of Birth	City and State Of Birth	Race	Sex	Age	Social Security Number
1.		HEAD						
2.								
3.								
4.								
5.								
6.								
7.								
8.								

The Topeka Housing Authority has a preference for working families. Also included in this preference are elderly or disabled families. To qualify for the preference, the head of household and/or the spouse must either be working, elderly, or disabled.

❖ Please mark all of the following that apply for the head of household or spouse

_____ Working _____ Elderly or Disabled _____ Not claiming a preference

Do you anticipate any changes in family members? _____ Yes _____ No

If yes, please explain: _____

II. RESIDENTIAL HISTORY (where you have lived the last **five** years).

List Current Address	Date Moved In	Date Moved Out	Rent	Utilities	Name, Address, and Phone Number of Landlord
			\$	\$	NAME:
					PHONE NUMBER:
<u>Next Prior Address:</u>			\$	\$	NAME:
					PHONE NUMBER:

____ Yes ____ No

Receive School Loans or Grants:

Amount: \$ _____

Received from: Name _____

Address _____

City, State, Zip _____

____ Yes ____ No

Unemployment:

Amount: \$ _____ per week

____ Yes ____ No

Per Capita:

Amount: \$ _____ # of times received per year: _____

Received from: _____

____ Yes ____ No

Other:

Include here all monies obtained by any member of the family from any source not listed above.

Amount: \$ _____ weekly/monthly (circle one)

Received from: Name _____

Address _____

City, State, Zip _____

Explanations for any of the above incomes if needed:

B. Assets:

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of any member of the home

Name on Account	Bank Name and address	Value	Type of Account	Earnings/Interest
		\$		
		\$		

2. List the value of all stocks, bonds, trust, pensions, or other assets owned by you or any minors in the home.

3. List the value of any assets disposed of for less than fair market value during the past two years.

IV. OTHER INFORMATION:

1. Do you have a pet? Yes _____ No _____

If yes, what kind? _____

2. Do you or any member of your household require reasonable accommodations or modifications to equally enjoy or access a housing unit, any other dwelling, program(s) or services? If so, please list necessary features or accommodations. _____

I qualify as an individual with a disability as defined by federal fair housing laws. I am requesting the accommodations/modifications listed above.

V. GUARDIAN OR PAYEE INFORMATION:

1. Do you (head of household) have a legal guardian? Yes _____ No _____

If yes, complete information below: (Copies of all paperwork will automatically be sent to your guardian.)

GUARDIAN INFORMATION:

Name: _____ Phone: _____

Address: _____
Street City State Zip

2. Do you (head of household) have a payee? Yes _____ No _____

If yes, complete information below:

PAYEE INFORMATION:

Name: _____ Phone: _____

Address: _____
Street City State Zip

Would you like copies of paperwork sent to your payee? Yes _____ No _____

VI. IN CASE OF EMERGENCY, PLEASE NOTIFY (Required):

Name _____ Relationship _____ Phone Number: _____

Address _____
Street City State Zip

APPLICANT AUTHORIZATION AND CERTIFICATION

I/We authorize the Topeka Housing Authority to screen my/our application including contacting landlords, criminal screenings, and any other screenings necessary to determine eligibility for housing assistance. I/We also understand that this is not a contract and does not bind either party.

I/We certify that the information given to the Topeka Housing Authority on income, household composition, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for denial of housing assistance and/or termination of tenancy.

Signature of Head of Household

Date

Signature of Other Adult in Household

Date

Signature of Other Adult in Household

Date

FOR FIRST ADULT ONLY - (Other adults fill out additional sheet)

APPLICANT NAME: _____

VII. OTHER REQUIRED INFORMATION:

1. Have you ever been a resident of any Housing Authority, received Section 8, Shelter Plus Care, or any other federally subsidized housing assistance? Yes _____ No _____
If Yes, list name used, where, and when: _____
2. Have you applied for housing at the Topeka Housing Authority before? Yes _____ No _____
If Yes, List name used and when: _____
3. Have you **ever** been evicted from **any** federally subsidized housing assistance program?
Yes _____ No _____
If Yes, list name used, where, and when: _____
4. Are you on the Bar and Ban List? Yes _____ No _____

VIII. CRIMINAL HISTORY:

1. Have you **ever** been arrested for or received a citation for FELONY/FELONIES, MISDEMEANOR/MISDEMEANORS or for DRUG RELATED CRIMES?
Yes _____ No _____ Year of Arrest: _____
Arrested for or received citation for: _____
City, State, and County where arrested or received citation: _____
2. Have you **ever** been convicted of a FELONY/FELONIES, MISDEMEANOR/MISDEMEANORS or for DRUG RELATED CRIMES? Yes _____ No _____ Year of Conviction: _____
Convicted of: _____
City, State, and County where convicted: _____
3. Are you on any State's sexual offender list? Yes _____ No _____
If yes, what state? _____
Please explain: _____

APPLICANT CERTIFICATION

I certify that the above information given to the Topeka Housing Authority is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law. I also understand that false statements or information are grounds for denial of housing assistance and/or termination of tenancy.

Signature of Applicant (First Adult)

Date

OFFICIAL USE ONLY

CERTIFICATION: On the basis of the information contained and verified herein, the above named applicant has been found to be:

_____ Eligible for Admission

_____ Ineligible for Admission

THA Manager _____

Date _____

Remarks: _____



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AUTHORIZATION TO RELEASE INFORMATION

Name_____

Social Security Number_____

In order to cooperate in the determination of my initial or continuing eligibility for tenancy, I authorize the Topeka Housing Authority to use this authorization and the information obtained with it to administer and enforce rules and policies.

Any individual or organization, including any governmental organization may be asked to release information. For example, information may be requested from: Banks and other financial institutions, courts, law enforcement agencies, credit bureaus, landlords, present or past employers, Social Security Administration, Veteran's Affairs, welfare agencies, utility companies, unemployment compensation, pensions/annuities, child care providers, any medical providers, and the United States Postal Service.

I hereby authorize the above persons, firms or corporations or any others it may be necessary to contact to make available any documents or records concerning me to the Topeka Housing Authority for inspection and copying.

This release will expire 15 months from the signature date.

Signature_____Date_____